


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000000451	
1. Entity Name CITRUS SINGLES CLUB, INC.	

Principal Place of Business P.O. BOX 1535 CRYSTAL RIVER, FL 34423-1535	Mailing Address P.O. BOX 1535 CRYSTAL RIVER, FL 34423-1535
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3405971	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SLONIMSKY, SAUL M 2097 N INWOOD TERRACE CRYSTAL RIVER, FL 33428-7862	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000191343 01/24/05-80170-009 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLONIMSKY, SAUL M 2097 N INWOOD TERRACE CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WELSCH, DOROTHY 1866 ARROWWOOD LANE INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYCE, SUZANNE 2588 LANTERN TERR HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYREE, LORRAINE 6229 W WESTON DR CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOBARA, NANCY 3621 N LUCILLE BEVERLY HILL, FL 34465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CROSS, HOWARD T 3336 S. WHITECHAPPEL PT. INVERNESS, FL 344528710

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____